

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: CHRISHAVEN ONALASKA NORTH (0009419)
Address: 737 10TH AVENUE NORTH, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/21/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095166 **End Date:** 06/27/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010031 Served 07/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(a)	FAIR TREATMENT		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0095231 **End Date:** 06/27/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0093533 End Date: 10/04/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006378 Served 10/14/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	06/27/2005	Yes

Survey ID: 0092833 End Date: 06/14/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006402 Served 06/29/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	07/15/2004	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	07/15/2004	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	12/01/2004	Yes

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Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Complaint History

Date Complaint Received: 06/15/2005

Date Investigation Completed: 07/01/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	SUBSTANTIATED	10010031
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	10010031

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